## MEMORANDUM TO ALL EMPLOYEES IN THE WASHINGTON, D.C METROPLOTIAN AREA

## **Influenza Immunization**

Influenza vaccine, "flu shots," will again be offered to Washington, D.C. area USDA employees. As always, *employees over 60 years of age or those with chronic illnesses*, such as high blood pressure, heart, lung, or kidney disease, have the greatest need for increased protection against the flu. Anyone who wishes to reduce their chances of contracting the flu should receive the vaccine.

People allergic to eggs or chicken, or chicken feathers should not receive the vaccine. This year the influenza virus vaccine is trivalent and contains both types A and B. Type A virus contains A/New Caledonia, A/Panama (which is an A/Moscow like virus); type B contains B/Hong Kong. The vaccine cannot cause the flu because it contains only inactivated viruses. The most frequent side effect is soreness at the site of the injection. Less likely reactions are a slight fever and muscle aches.

This year, flu shots from the USDA South Building Health Unit will be dispensed for 2 days in an effort to keep lines and waiting time to a minimum. The Health Unit will continue to dispense remaining supplies of vaccine this Fall and Winter, until the supply is exhausted.

Last Name Starting With the Letter	Immunization Date	Location/Times
A thru J K thru Z	Tuesday, October 21, 2003 Tuesday, October 21, 2003	South Building 8:30 a.m. – 11:00 a.m. 1:00 p.m 3:30 p.m. Room 1409- Sbldg
A thru J K thru Z	Wednesday, October 22, 2003 Wednesday, October 22, 2003	South Building 8:30 a.m. – 11:00 a.m. 1:00 p.m 3:30 p.m. Room 1409-Sbldg

For future South Building make-up dates, please call (202) 720-3281.

Dates, times, and locations for the field health units are listed on Page 3 of this notice and on the USDA Webpage. The Health Unit website is under the Office of Operations

www.usda.gov/oo/FluNotice.htm

THIS YEAR, AS A PUBLIC SERVICE, THE FLU SHOTS WILL BE FREE.

Please sign the consent form (Page 2 of this notice).

## INFLUENZA VACCINE CONSENT/REGISTRATION FORM

I have read the information about the influenza vaccine, and the possible side effects. I agree to receive the flu vaccine.

NAME:	AGENCY:		
SIGNATURE:	DATE:		
DO NOT WRITE BELOW THIS LINE			
Manufacturer and Lot Number:			
Date:			
Nurse's Initials:			

## The dates, times, and locations for the field health units are as follows:

Riverdale	Tuesday, October 21, 2003	10:00 a.m 12:00 p.m.
GWCC	Wednesday, October 22, 2003	10:00 a.m 11:00 a.m.
BARC-EAST	Wednesday, October 22, 2003	8:30 a.m 9:30 a.m.
NAL	Wednesday, October 22, 2003	11:3 0a.m 12:30 p.m.
BARC-WEST	Wednesday, October 22, 2003	1:30 p.m 2:30 p.m.